



CANNON BUILDING
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STATE OF DELAWARE
DEPARTMENT OF STATE
DIVISION OF PROFESSIONAL REGULATION

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**DELAWARE BOARD OF VETERINARY MEDICINE
APPLICATION FOR APPROVAL OF CONTINUING EDUCATION UNITS**

PROVIDER/SPONSOR INFORMATION

Sponsored by: _____ CODE: ____ (see below)

Address: _____

Phone: _____ Fax: _____ E-Mail: _____

Signature of person(s) authorized to sign course completion certificates: _____

Print name of person(s) authorized to sign course completion certificates: _____

SPONSOR CODES - Organizations approved for formal Continuing Education activities:

1. AVMA
2. AVMA Accredited Schools
3. Federal/State/County Associations
4. Correspondence and In-House (Compendium on Continuing Education for the Practicing Veterinarian, Internet, NOAH, VIN)
5. Other forms of CE

PROGRAM INFORMATION

Program Title: _____ CODE: ____ (see below)

Program Location: _____

Program Date(s): _____

Program Objectives: _____

Program Presenter(s): _____

PROGRAM CODES

1. In-service Training - focuses on improving job knowledge, skills and performance.
2. Career Development - aimed at preparing for job advancement or expanding career.
3. Management Development - emphasizes interpersonal relations, attitudes, organizational/management skills.
4. Technical Skills - focuses on "job know how" procedures.

Total Contact Hours Requested (excluding breaks): _____

Attach documentation, such as course brochure, showing course objectives and schedule.

Mail this application and supporting documentation to the Board office at the address above

Approved for _____ hrs. of continuing education credit at Board meeting of _____

Signed: _____, Administrative Specialist